

**ON-SITE CORRECTIVE ACTION PLAN
ASSESSMENT
of
JEFFERSON CORRECTIONAL INSTITUTION**

for the

Physical and Mental Health Survey
Conducted July 10-11, 2013

CMA STAFF

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CAP Assessment of Jefferson Correctional Institution

I. Overview

On July 10-11, 2013, the Correctional Medical Authority (CMA) conducted an on-site physical and mental health survey of Jefferson Correctional Institution (JEFCI). The survey report was distributed on August 9, 2013. On February 18, 2014, CMA staff conducted an on-site CAP assessment to evaluate the effectiveness of corrective actions taken by institutional staff to address the findings of the July 2013 survey. Items II and III below describe the outcome of the CMA's evaluation of the institution's efforts to address the survey findings.

II. Physical Health Assessment Summary

The CAP closure files and record reviews revealed sufficient evidence to determine that 55 of the 72 physical health findings were corrected. The remaining 17 physical health findings will remain open.

Finding	CAP Evaluation Outcome
<u>CARDIOVASCULAR CLINIC RECORD REVIEW</u> PH-1: A comprehensive review of 17 inmate records revealed the following deficiencies: (a) In 5 records, the baseline history was incomplete or missing. (b) In 4 records, the evaluation of the control of the disease and/or patient status was not documented. (c) In 5 of 16 applicable records, there was no evidence of pneumococcal vaccine or refusal. (d) In 4 records, there was no evidence of influenza vaccine or refusal.	PH-1(a) & (b) CLOSED Adequate evidence of in-service training and monitoring efforts were provided to close PH-1(a) & (b). PH-1(c) OPEN Adequate evidence of in-service training was provided, however a review of randomly selected records indicated that an acceptable level of compliance had not been reached therefore PH-1(c) will remain open. PH-1(d) CLOSED Adequate evidence of in-service training and monitoring efforts were provided to close PH-1(d).

Finding	CAP Evaluation Outcome
<p><u>ENDOCRINE CLINIC RECORD REVIEW</u></p> <p>PH-2: A comprehensive review of 16 inmate records revealed the following deficiencies:</p> <p>(a) In 6 records, the baseline history was incomplete or missing.</p> <p>(b) In 6 records, the baseline physical examination was incomplete or missing.</p> <p>(c) In 6 records, the baseline laboratory work was incomplete or missing.</p> <p>(d) In 4 of 4 applicable records, inmates with HgbA1c over 8.0 were not seen every 4 months and there was no documentation of the clinical justification with respect to frequency of clinic visits.</p> <p>(e) In 1 of 4 applicable records, there was no evidence of appropriate efforts made to reduce HgbA1c over 7.0.</p>	<p>PH-2(a) - (e) OPEN</p> <p>Adequate evidence of in-service training was provided, however a review of randomly selected records indicated that an acceptable level of compliance had not been reached therefore PH-2(a) - (e) will remain open.</p>

Finding	CAP Evaluation Outcome
<p><u>GASTROINTESTINAL CLINIC RECORD REVIEW</u></p> <p>PH-3: A comprehensive review of 8 inmate records revealed the following deficiencies:</p> <p>(a) In 2 records, the diagnosis was not appropriately documented.</p> <p>(b) In 3 records, the baseline history was incomplete or missing.</p> <p>(c) In 3 records, the baseline physical examination was incomplete or missing.</p>	<p>PH-3(a) CLOSED</p> <p>Adequate evidence of in-service training and monitoring efforts were provided to close PH-3(a).</p> <p>PH-3(b) - (d) OPEN</p> <p>Adequate evidence of in-service training was provided, however a review of randomly selected records indicated that an acceptable level of compliance had not been reached therefore PH-3(b) - (d) will remain open.</p>

Finding	CAP Evaluation Outcome
<p>(d) In 3 records, the baseline laboratory work was incomplete or missing.</p> <p>(e) In 2 records, the baseline assessment did not indicate control of the disease.</p> <p>(f) In 1 of 5 applicable records, there was no evidence that an inmate with Hepatitis C was considered for treatment.</p> <p>(g) In 2 of 6 applicable records, there was no evidence of pneumococcal vaccine or refusal.</p> <p>(h) In 2 of 5 applicable records, Hepatitis A & B vaccine was not given to inmates with Hepatitis C infection and no prior history of A & B infection.</p>	<p>PH-3(e) - (h) CLOSED</p> <p>Adequate evidence of in-service training and monitoring efforts were provided to close PH-3(e) - (h).</p>

Finding	CAP Evaluation Outcome
<p><u>IMMUNITY CLINIC RECORD REVIEW</u></p> <p>PH-4: A comprehensive review of 10 inmate records revealed the following deficiencies:</p> <p>(a) In 7 records, there was no evidence of initial and ongoing education regarding treatment compliance and smoking cessation.</p> <p>(b) In 5 of 6 applicable records, there was no evidence of hepatitis B vaccine or refusal.</p> <p>(c) In 6 records, there was no evidence of pneumococcal vaccine or refusal.</p> <p>(d) In 2 records, there was no evidence of influenza vaccine or refusal.</p>	<p>PH-4(a) CLOSED</p> <p>Adequate evidence of in-service training and monitoring efforts were provided to close PH-4(a).</p> <p>PH-4(b) OPEN</p> <p>Adequate evidence of in-service training was provided, however a review of randomly selected records indicated that an acceptable level of compliance had not been reached therefore PH-4(b) will remain open.</p> <p>PH-4(c) & (d) CLOSED</p> <p>Adequate evidence of in-service training and monitoring efforts were provided to close PH-4(c) & (d).</p>

Finding	CAP Evaluation Outcome
<p><u>MISCELLANEOUS CLINIC RECORD REVIEW</u></p> <p>PH-5: A comprehensive review of 7 inmate records revealed the following deficiencies:</p> <p>(a) In 3 records, the diagnosis was not appropriately documented.</p> <p>(b) In 3 records, the baseline history was incomplete or missing.</p> <p>(c) In 4 records, the baseline assessment did not indicate the control of the disease.</p> <p>(d) In 3 records, education did not include counseling regarding treatment compliance and risk factor reduction.</p> <p>(e) In 5 records, the evaluation of the control of the disease and/or patient status was not documented.</p> <p>(f) In 5 records, the chronic illness flow sheets and progress notes were not signed, dated and timed and/or a minimum of 4 flow sheets were not in chronological order.</p>	<p>PH-5(a) OPEN</p> <p>Adequate evidence of in-service training was provided, however a review of randomly selected records indicated that an acceptable level of compliance had not been reached therefore PH-5(a) will remain open.</p> <p>PH-5(b) & (c) CLOSED</p> <p>Adequate evidence of in-service training and monitoring efforts were provided to close PH-5(b) & (c).</p> <p>PH-5(d) OPEN</p> <p>Adequate evidence of in-service training was provided, however a review of randomly selected records indicated that an acceptable level of compliance had not been reached therefore PH-5(d) will remain open.</p> <p>PH-5(e) & (f) CLOSED</p> <p>Adequate evidence of in-service training and monitoring efforts were provided to close PH-5(e) & (f).</p>

Finding	CAP Evaluation Outcome
<p><u>NEUROLOGY CLINIC RECORD REVIEW</u></p> <p>PH-6: A comprehensive review of 15 inmate records revealed the following deficiencies:</p> <p>(a) In 6 records, the baseline history was incomplete or missing.</p>	<p>PH-6 (a) CLOSED</p> <p>Adequate evidence of in-service training and monitoring efforts were provided to close PH-6(a).</p> <p>PH-6 (b) OPEN</p> <p>Adequate evidence of in-service training was provided, however a review of</p>

Finding	CAP Evaluation Outcome
<p>(b) In 3 records, the baseline physical examination was incomplete or missing.</p> <p>(c) In 4 records, seizures were classified incorrectly.</p> <p>(d) In 1 of 2 applicable records, there was no evidence that a medication taper was discussed after two years without seizures.</p>	<p>randomly selected records indicated that an acceptable level of compliance had not been reached therefore PH-6(b) will remain open.</p> <p>PH-6(c) CLOSED</p> <p>Adequate evidence of in-service training and monitoring efforts were provided to close PH-6(c).</p> <p>PH-6(d) OPEN</p> <p>Adequate evidence of in-service training was provided, however a review of randomly selected records indicated that an acceptable level of compliance had not been reached therefore PH-6(d) will remain open.</p>

Finding	CAP Evaluation Outcome
<p><u>ONCOLOGY CLINIC RECORD REVIEW</u></p> <p>PH-7: A comprehensive review of 6 inmate records revealed the following deficiencies:</p> <p>(a) In 3 records, the diagnosis was not appropriately documented.</p> <p>(b) In all records, the baseline history was incomplete or missing.</p> <p>(c) In all records, the baseline physical examination was incomplete or missing.</p> <p>(d) In 4 records, there was no evidence of initial and ongoing education regarding treatment compliance and smoking cessation.</p> <p>(e) In 5 records, the evaluation of the control of the disease and/or patient status was not documented.</p>	<p>PH-7 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-7(a) - (f).</p>

Finding	CAP Evaluation Outcome
(f) In 2 of 4 applicable records, there was no evidence of pneumococcal vaccine or refusal.	

Finding	CAP Evaluation Outcome
<p><u>RESPIRATORY CLINIC RECORD REVIEW</u></p> <p>PH-8: A comprehensive review of 13 inmate records revealed the following deficiencies:</p> <p>(a) In 3 records, the diagnosis was not appropriately documented.</p> <p>(b) In 3 records, the severity of reactive airway diseases was not documented.</p> <p>(c) In 1 of 4 applicable records, the use of a rescue inhaler occurring more than two times per week was not addressed appropriately.</p> <p>(d) In 7 records, there was no evidence that appropriate medications were prescribed and re-evaluated at each clinic visit.</p> <p>(e) In 8 records, there was no evidence of pneumococcal vaccine or refusal.</p> <p>(f) In 5 records, the chronic illness flow sheets and progress notes were not signed, dated and timed and/or a minimum of 4 flow sheets were not in chronological order.</p>	<p>PH-8(a) CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-8(a).</p> <p>PH-8(b) OPEN</p> <p>Adequate evidence of in-service training was provided, however a review of randomly selected records indicated that an acceptable level of compliance had not been reached, therefore PH-8(b) will remain open.</p> <p>PH-8(c) - (f) CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-8(c) - (f).</p>

Finding	CAP Evaluation Outcome
<p>TUBERCULOSIS CLINIC RECORD REVIEW</p> <p>PH-9: A comprehensive review of 5 inmate records revealed the following deficiencies:</p> <p>(a) In 3 records, the diagnosis was not appropriately documented.</p> <p>(b) In 2 records, the baseline history was incomplete or missing.</p> <p>(c) In 2 records, the baseline physical examination was incomplete or missing.</p> <p>(d) In 1 record, the baseline laboratory work was incomplete or missing.</p> <p>(e) In 1 record, there was no evidence of initial and ongoing education regarding treatment compliance and smoking cessation.</p> <p>(f) In 4 records, there was no evidence of monthly follow-up by nursing staff.</p> <p>(g) In 1 record, the inmate was not given the correct number of doses of INH or Rifampin.</p> <p>(h) In 1 record, the inmate was not referred to the clinician for the final chronic illness clinic visit.</p> <p>(i) In 3 records, the documentation of clinic visits was incomplete.</p> <p>(j) In 2 of 4 applicable records, there was no evidence of pneumococcal vaccine or refusal.</p> <p>(k) In 2 of 4 applicable records, there was no evidence of influenza vaccine or refusal.</p>	<p>PH-9(a) - (g) CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-9(a) - (g).</p> <p>PH-9(h) OPEN</p> <p>Adequate evidence of in-service training was provided, however a review of randomly selected records indicated that an acceptable level of compliance had not been reached, therefore PH-9(h) will remain open.</p> <p>PH-9(i) - (l) CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-9(i) - (l).</p>

Finding	CAP Evaluation Outcome
(I) In 2 records, the chronic illness flow sheets and progress notes were not signed, dated and timed and/or a minimum of 4 flow sheets were not in chronological order.	

Finding	CAP Evaluation Outcome
<p><u>EMERGENCY CARE RECORD REVIEW</u></p> <p>PH-10: A comprehensive review of 15 inmate records revealed the following deficiencies:</p> <p>(a) In 5 records, evidence of patient education applicable to the presenting complaint was missing.</p> <p>(b) In 2 of 9 applicable records, follow-up or subsequent visits were not initiated and completed in a clinically timely manner (see discussion).</p> <p>(c) In 2 of 10 applicable records, there was no evidence that follow-up assessment adequately addressed the presenting complaint.</p>	<p>PH-10(a) OPEN</p> <p>Adequate evidence of in-service training was provided, however a review of randomly selected records indicated that an acceptable level of compliance had not been reached, therefore PH-10(a) will remain open.</p> <p>PH-10(b) & (c) CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-10(b) - (c).</p>

Finding	CAP Evaluation Outcome
<p><u>SICK CALL RECORD REVIEW</u></p> <p>PH-11: In 3 of 12 sick call records reviewed, there was no evidence that education applicable to the presenting problem was provided.</p>	<p>PH-11 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-11.</p>

Finding	CAP Evaluation Outcome
<p><u>CONSULTATIONS RECORD REVIEW</u></p> <p>PH-12: A comprehensive review of 14 inmate records revealed the following deficiencies:</p> <p>(a) In 7 of 8 applicable records, the new diagnosis was not reflected on the problem list.</p> <p>(b) In 12 records, the consultation log did not reflect completion of the consultations.</p> <p>(c) In 1 of 2 applicable records, the referring clinician did not document a new plan of care following a denial by the Utilization Management Department</p>	<p>PH-12(a) OPEN</p> <p>Adequate evidence of in-service training was provided, however a review of randomly selected records indicated that an acceptable level of compliance had not been reached, therefore PH-12(a) will remain open.</p> <p>PH-12(b) & (c) CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-12(b) - (c).</p>

Finding	CAP Evaluation Outcome
<p><u>INFIRMARY RECORD REVIEW</u></p> <p>PH-13: In 3 of 12 sick call records reviewed, there was no evidence that education applicable to the presenting problem was provided.</p>	<p>PH-13 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-13.</p>

Finding	CAP Evaluation Outcome
<p><u>DENTAL CARE SYSTEMS REVIEW</u></p> <p>PH-14: The dark room did not contain a “safe light” for developing x-rays.</p>	<p>PH-14 CLOSED</p> <p>Adequate evidence was provided to close PH-14.</p>

Finding	CAP Evaluation Outcome
<p><u>INSTITUTIONAL SYSTEMS REVIEW</u></p> <p>PH-15: A tour of the facility revealed the following deficiencies:</p> <p>(a) Personal protective equipment for universal precautions was not available in H dorm.</p> <p>(b) Pill line schedules were not posted in E dorm or D dorm.</p>	<p>PH-15 CLOSED</p> <p>Adequate evidence was provided to close PH-15.</p>

III. Mental Health Assessment Summary

On the same timetable as described above, corrective actions related to the mental health findings identified during the July 2013 survey were evaluated. The results of the assessment are listed below. The CAP closure files and record reviews revealed evidence to determine that 19 of 31 mental health findings were corrected. The remaining 12 mental health findings will remain open.

Finding	CAP Evaluation Outcome
<p><u>SELF HARM OBSERVATION STATUS (SHOS) RECORD REVIEW</u></p> <p>MH-1: A comprehensive review of 11 SHOS admissions revealed the following deficiencies:</p> <p>(a) In 8 records, admission orders were not signed/countersigned and/or not dated/timed.</p> <p>(b) In 6 records, documentation does not indicate that the inmate was observed at the frequency ordered by the clinician.</p> <p>(c) In 3 records, the daily nursing evaluations were not completed once per shift.</p> <p>(d) In 3 of 10 applicable records, the daily rounds by the clinician were not documented.</p>	<p>MH-1 (a)-(d) OPEN</p> <p>Adequate evidence of in-service training was provided, however records selected for monitoring were not applicable, therefore an adequate level of compliance could not be determined. MH-1(a)-(d) will remain open.</p>

Finding	CAP Evaluation Outcome
<p><u>USE OF FORCE RECORD REVIEW</u></p> <p>MH-2: A comprehensive review of 12 use of force incidents revealed the following deficiencies:</p> <p>(a) In 10 records, a written referral to mental health by physical health staff was not completed or not present in the medical record.</p> <p>(b) In 9 records, indication that mental health staff interviewed the inmate no later than the next working day was not present in the medical record.</p>	<p>MH-2 (a) & (b) OPEN</p> <p>Adequate evidence of in-service training was provided, however records selected for monitoring were not applicable, therefore an adequate level of compliance could not be determined. MH-2 (a) & (b) will remain open.</p>

Finding	CAP Evaluation Outcome
<p><u>INMATE REQUEST RECORD REVIEW</u></p> <p>MH-3: In 5 of 16 records, a copy of the inmate request form was not present.</p>	<p>MH-3 OPEN</p> <p>Adequate evidence of in-service training was provided, however records selected for monitoring were not applicable, therefore an adequate level of compliance could not be determined. MH-3 will remain open.</p>

Finding	CAP Evaluation Outcome
<p><u>SPECIAL HOUSING RECORD REVIEW</u></p> <p>MH-4: A comprehensive review of 15 records revealed the following deficiencies:</p> <p>(a) In 4 records, the mental status exam (MSE) was not completed within the required time frame.</p> <p>(b) In 6 of 13 applicable records, follow-up MSEs were not completed within the required time frame.</p>	<p>MH-4 (a)-(c) OPEN</p> <p>Adequate evidence of in-service training was provided, however records selected for monitoring were not applicable, therefore an adequate level of compliance could not be determined. MH-4 (a)-(c) will remain open.</p>

Finding	CAP Evaluation Outcome
(c) In 9 of 13 applicable records, outpatient treatment (psychiatry, case management and individual therapy) was not continued as indicated on the ISP.	

Finding	CAP Evaluation Outcome
<p><u>OUTPATIENT PSYCHOTROPIC MEDICATION RECORD REVIEW</u></p> <p>MH-5: A comprehensive review of 17 outpatient records revealed the following deficiencies:</p> <p>(a) In 2 of 7 applicable records, there was no evidence that initial lab tests were conducted.</p> <p>(b) In all records, the physician orders were not dated and/or timed.</p> <p>(c) In 4 records, the inmate did not receive medications as prescribed or documentation of refusal was not present in the medical record.</p> <p>(d) In 4 of 6 applicable records, a signed Refusal of Health Care Services (DC4-711A) was not present in the medical record after three consecutive or five medication refusals in one month.</p> <p>(e) In 5 of 9 applicable records, follow-up lab tests were not completed as required.</p> <p>(f) In 10 records, follow-up sessions were not conducted at appropriate intervals.</p>	<p>MH-5 (a) CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-5 (a).</p> <p>MH-5 (b) OPEN</p> <p>Adequate evidence of in-service training was provided, however a review of randomly selected records indicated that an acceptable level of compliance had not been reached, therefore MH-5 (b) will remain open.</p> <p>MH-5 (c)-(f) OPEN</p> <p>Adequate evidence of in-service training was provided however institutional monitoring indicated that an acceptable level of compliance had not been reached, therefore MH-5 (c)-(f) will remain open.</p>

Finding	CAP Evaluation Outcome
<p><u>OUTPATIENT MENTAL HEALTH SERVICES RECORD REVIEW</u></p> <p>MH-6: A comprehensive review of 36 outpatient (S2 & S3) records revealed the following deficiencies:</p> <p>(a) In 8 of 23 applicable records, a case manager was not assigned within three working days of arrival.</p> <p>(b) In 5 of 12 applicable records, current psychotropic medications prescribed at the sending institution were not continued prior to the inmate's appointment with the psychiatrist at JEFCL.</p> <p>(c) In 3 of 13 applicable records, the inmate was not seen by the psychiatrist prior to the expiration of current prescription from the sending institution.</p> <p>(d) In 8 of 23 applicable records, the mental health screening evaluation was not completed within 14 days of arrival.</p> <p>(e) In 3 of 4 applicable records, the consent to sex offender treatment was not present.</p> <p>(f) In 1 of 2 applicable records, a refusal form (DC4-711A) for sex offender treatment was not present.</p> <p>(g) In 4 of 7 applicable records, the biopsychosocial (BPSA) was not approved by the multidisciplinary treatment team (MDST) within 30 days of initiation of services.</p> <p>(h) In 4 of 8 applicable records, the individualized service plan (ISP) was not completed within 14 days of arrival.</p> <p>(i) In 16 of 30 applicable records, the ISP was not signed by members of the MDST and/or inmate and there was no</p>	<p>MH-6 (a) OPEN</p> <p>Adequate evidence of in-service training was provided, however a review of randomly selected records indicated that an acceptable level of compliance had not been reached, therefore MH-6 (a) will remain open.</p> <p>MH-6 (b)-(d) CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-6 (b)-(d).</p> <p>MH-6 (e)-(k) OPEN</p> <p>Adequate evidence of in-service training was provided, however a review of randomly selected records indicated that an acceptable level of compliance had not been reached, therefore MH-6 (e)-(k) will remain open.</p> <p>MH-6 (l)-(p) CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-6 (l)-(p).</p>

Finding	CAP Evaluation Outcome
<p>documented refusal.</p> <p>(j) In 13 of 23 applicable records, the ISP was not reviewed or revised at the 180 day interval.</p> <p>(k) In 9 records, mental health problems were not documented on the problem list.</p> <p>(l) In 14 of 33 applicable records, there was no documentation that the inmate received the services listed in the ISP.</p> <p>(m) In 4 of 7 applicable records, counseling was not provided every 30 days for inmates diagnosed with a psychotic disorder.</p> <p>(n) In 12 of 29 applicable records, counseling was not provided at least once every 90 days for inmates not diagnosed with a psychotic disorder.</p> <p>(o) In 13 records, case management was not conducted at least every 90 days.</p> <p>(p) In 13 records, the frequency of the clinical contacts was not sufficient and clinically appropriate.</p>	

Finding	CAP Evaluation Outcome
<p><u>MENTAL HEALTH SYSTEMS REVIEW-ADMINISTRATIVE ISSUES</u></p> <p>MH-7: Therapeutic groups were not being conducted.</p>	<p>MH-7 CLOSED</p> <p>Adequate evidence was provided to close MH-7.</p>

Finding	CAP Evaluation Outcome
<p><u>MENTAL HEALTH SYSTEMS REVIEW- ADMINISTRATIVE ISSUES</u></p> <p>MH-8: Weekly clinical supervision for the psychological specialists was not being consistently conducted.</p>	<p>MH-8 CLOSED</p> <p>Adequate evidence was provided to close MH-8.</p>

IV. Conclusion

PH-1(a)-(b) & (e), PH-2(e), PH-3(a) & (e)-(h), PH-4(a) & (c)-(d), PH-5(b)-(c) & (e)-(f), PH-6(a) & (c), PH-7(a)-(f), PH-8(a) & (c)-(f), PH-9(a)-(g) & (i)-(l), PH-10(b) & (c), PH-11, PH-12(b) & (c), PH-13, PH-14, and PH-15(a) & (b) will close and all other physical health portions remain open. MH-5 (a), MH-6 (b)-(d) & (l)-(p), MH-7, and MH-8 will close and all other mental health findings will remain open. Until such time as appropriate corrective actions are undertaken by JEFCl staff and the results of those corrections reviewed by the CMA, this CAP will remain open. As some of the necessary steps to correct findings require further institutional monitoring, closure may take as long as four months. Follow-up assessment by the CMA will most likely take place through an on-site visit.